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Reactions to RMP Paper

Overall, we agree with the idea that the paper has tried to convey but do not think the idea has been developed as well as it needs to be.

My overall problem in addressing the issue is to overcome inconsistent directions we are receiving from downtown on the future of certain programs. In a number of instances, we have been told that in the interests of decentralization and revenue sharing we should abolish certain national program directions and controls and encourage the transfer of resources to other levels of governments with relatively few programmatic earmarks or restrictions. Simultaneously, the RAP program concept is attacked by some because it lacks central program controls and lacks national priorities.

In more specific terms, another problem we have with the paper is that RMP as a mechanism for communicating with a private provider is not adequately handled. Our view is that we all have an interest in changing the delivery system and that the community at large has a right to participate in the process of change. However, we have to recognize that the changes have to be agreed to and participated in by the health provider community. There is no system of compulsion that is available to this government that would force what is basically a privately financed, privately run and privately staffed system to undertake changes in the delivery system nor do we advocate one. Therefore, we have to establish a means by which the Federal government can effectively influence the health provider establishment. RMP to date, has been the mechanism that has been accepted by much of the provider community in pursuing changes in the delivery system. Despite views to the contrary that it is not responsive to national needs, the program content of RMPs throughout the nation does reflect national priorities in many instances. The device is established, does work and is reasonably effective. The roles your paper outlines are perfectly legitimate for RMPs to undertake.

Part of the basic quarrel with RETP appears to be the absence of "tangible results" from the investment of RAP other than the fact that it is a mechanism. We could and have filled files with specific project results and I do not really know what would be gained by that. If the concept is accepted, the question remains whether or not people are content with the way in which the program is being "managed". If administrative processees are unsatisfactory then we ought not to be talking about the RAP concept. However, if the quarrel is with the concept, then we ought to recognize that RMP lies further ahead in the direction in which most other programs are currently being required to go. If we are not willing to accept that under decentralization and revenue sharing, Federal prerogatives may have to take a back seat to local prerogatives and if we wish to place federal safeguards upon the problems that could be caused by people exercising their own judgment, then we ought to reverse the entire trend we are moving. That appears not to be the case. Having just reviewed the CHP paper this morning, which does pretty much with CHP what has been done with RMP, I find it rather difficult to make this 180° turn within fifteen minutes.

Thank you.

cc: Dr. Wilson

Dr. Stone

Dr. Jack Brown

Dr. Margulies